

040204

13281 U.S. Pat.

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 115623

Date: April 2, 2004

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL
RULE §1.53(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

00746 U.S. PTO
10/815820

040204

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): METHOD AND APPARATUS FOR CONTROLLING AIR PRESSURE IN AN ORGAN OR TISSUE CONTAINER

By (Inventors): David Walter WRIGHT, Douglas SCHEIN and John BRASSIL

- ☒ Formal drawings (Figs. 1-12; 13 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☒ This application claims benefit of Provisional Application No. 60/459,986 filed April 4, 2003.
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to ORGAN RECOVERY SYSTEMS, INC..
☐ The executed Assignment is filed herewith.
☒ An Information Disclosure Statement is filed herewith.
☒ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☐ Priority of foreign application No. _____ filed _____ in _____ is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	47 - 20	= 27*
INDEP CLAIMS	6 - 3	= 3*
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

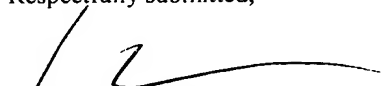
SMALL ENTITY	
RATE	FEE
	\$ 385
x 9 =	\$ 243
x 43 =	\$ 129
+ 145 =	\$
TOTAL	\$ 757

OR
OR
OR
OR
OR
OR

OTHER THAN A SMALL ENTITY	
RATE	FEE
	\$ 770
x 18	\$
x 86	\$
+ 290	\$
TOTAL	\$

- ☒ Check No. 152809 in the amount of \$757.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,


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